



# Montana Department of Transportation

PO Box 201001  
Helena, MT 59620-1001

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Do Not Write in this Space

## Retailer/Bulk Dealers Fuel Receipt Report

Name:			
Address 1:		FEIN:	
Address 2:		License # (if applicable)	
City:	State:	Zip Code:	Month/Year:

## Total Gallons of Fuel Received by Type

Aviation Gas / Jet Fuel	Gasoline	Clear Diesel	Dyed Diesel

I declare, under penalties of perjury, that this report (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

\_\_\_\_\_  
(Signature of Authorized Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## Schedule of Receipts

[illegible]

By cooperative agreement, the Montana Department of Transportation exchanges fuel tax information with other tax collecting agencies.

Alternative accessible formats of this document will be provided on request.